How We Do Harm: A Doctor Breaks Ranks About Being Sick in America

Otis Webb Brawley MD, Paul Goldberg
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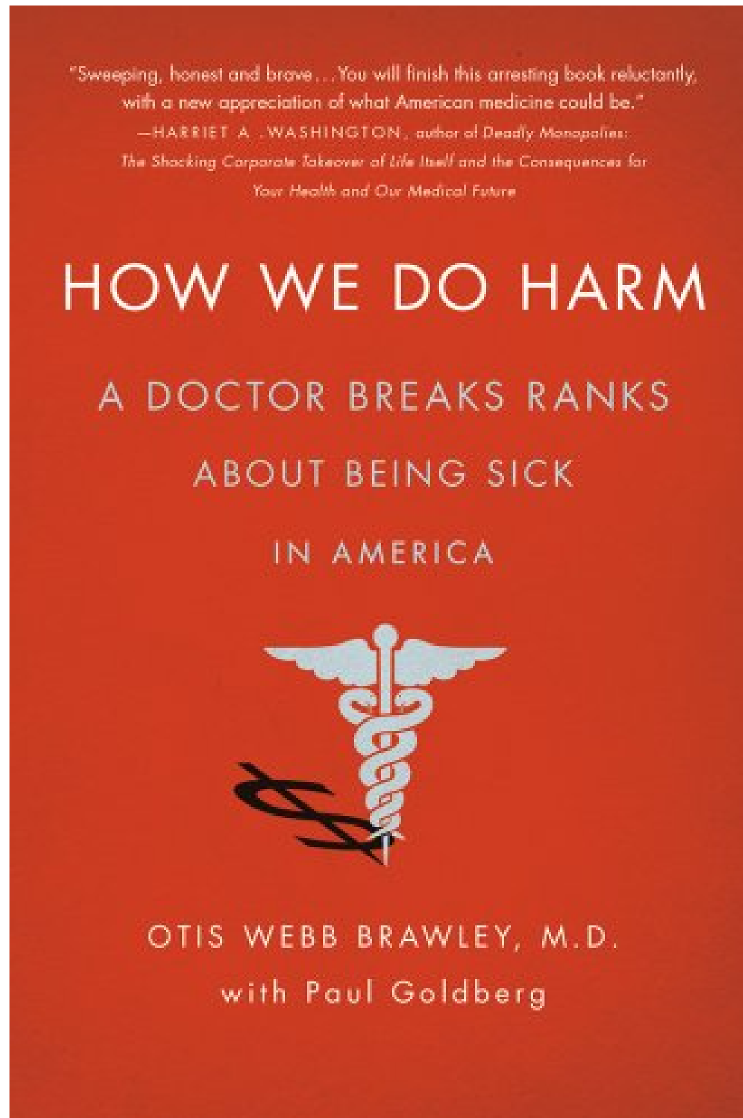

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Otis Webb Brawley MD, Paul Goldberg : How We Do Harm: A Doctor Breaks Ranks About Being Sick in America before purchasing it in order to gage whether or not it would be worth my time, and all praised How We Do Harm: A Doctor Breaks Ranks About Being Sick in America:

100 of 104 people found the following review helpful. Horror stories about health care, Breast Cancer, PSA TestBy jwt99I could not put this book down. I would say this is a must read for anyone that might get or who has cancer. Also

anyone who has a chronic health problem should put this book in their library.I think Dr. Brawley gives compelling examples that illustrate how our health care systen is broken.Read this book!This is an excellent book unless you are a quack, a greed driven doctor or drug rep. Dr.Brawley points out that we should not waste valiable tax money or even insurance money on unproven cures or on drugs that cost 10-20 times as much as a proven drug. All medical care should be research based, rational and above all "do no harm".I hate to tell you this, but we as a country cannot afford to waste massive amounts of money anymore. If we don't get serious about health care it will break the country. We cannot afford to transfer wealth to quack doctors or for procedures that don't work. A spinal fusion costs about $80,000 yet 80% of the research says it does no good and it does a lot of harm. Is this any way to run a health care system?If you don't believe Dr. Brawley read the research for yourself.Use a little of your time to dig and see if he is telling the truth.A lot of the raw research is locked up tight and hard to access and not easy for a lay person to understand. We must rely on honest doctors like Dr. Brawley to tell us the truth about our healthcare systemThe chapters on the "PSA" test for prostate cancer were shocking to say the least.All the examples about the breast cancer problems are on point. My wife went through this several years ago and thank goodness we had a doctor whose first words were us was " I don't give any treatment that has not been through a double blind study."We feel like my wife received excellent treatment without receiving too much treatment. Too much can be as bad as too litttle as Dr. Brawley states.Dr. Brawley points out through his examples that "raw greed" on the part of hospitals, doctors and drug companies has layed waste to our health care system.The economic incentives are all on the side of more care not appropriate care. There is a vast difference between the two.Thank you Dr. Brawley.2 of 2 people found the following review helpful. Pray you'll never need it...By Jude...but if you or a loved one has a deadly diagnosis, this book is a must. When we don't know the questions to ask - and the doctor naturally assumes you understand the ramifications of whatever is happening - there is a serious deficit. Here's an opportunity to begin to understand how the medical industry works.1 of 1 people found the following review helpful. This book will educate and inform! A+By NoNameNow in my 7th decade, I spent my entire career in the pharmaceutical manufacturing industry. I can attest to the veracity of Dr. Brawley's dissertation. The maxim that all physicians and surgeons promise is the essential promise to "First, do no harm." Dr. Brawley teaches that not all who purport to care for us and our loved ones adhere to this promise.Just ask a vet. On the battlefield virtually all medical care is superb. Here at home, alas, it is not so.Too often, not always, but way too often he is right. Here's the bottom line. If you're not comfortable with what your being told about your health, or that of a loved one, don't hesitate, find another MD who though you may not like what they may say to you, you trust them with your life. That is exactly what you're doing. Much of the seeming heroics in medicine/surgery are really about making or saving money for the drug industry, or hospital, or doctor, or insurance carrier, and not about saving your backside. Certainly not always, perhaps not even most of the time, but way too often.Read this book and you'll be radically better equipped to understand just what may be driving the responses of the health care systems to your malady, and how you can assure the appropriate care for yourself or a loved one. Are there great doctors and hospitals out there? You bet there are. There are also those who couldn't care less about quality health care for you and are only focused on their own backside. This book will educate and inform you.

How We Do Harm exposes the underbelly of healthcare todaythe overtreatment of the rich, the under treatment of the poor, the financial conflicts of interest that determine the care that physicians' provide, insurance companies that don't demand the best (or even the least expensive) care, and pharmaceutical companies concerned with selling drugs, regardless of whether they improve health or do harm. Dr. Otis Brawley is the chief medical and scientific officer of The American Cancer Society, an oncologist with a dazzling clinical, research, and policy career. How We Do Harm pulls back the curtain on how medicine is really practiced in America. Brawley tells of doctors who select treatment based on payment they will receive, rather than on demonstrated scientific results; hospitals and pharmaceutical companies that seek out patients to treat even if they are not actually ill (but as long as their insurance will pay); a public primed to swallow the latest pill, no matter the cost; and rising healthcare costs for unnecessaryand often unproventreatments that we all pay for. Brawley calls for rational healthcare, healthcare drawn from results-based, scientifically justifiable treatments, and not just the peddling of hot new drugs.Brawley's personal history from a childhood in the gang-ridden streets of black Detroit, to the green hallways of Grady Memorial Hospital, the largest public hospital in the U.S., to the boardrooms of The American Cancer Societyresults in a passionate view of medicine and the politics of illness in America - and a deep understanding of healthcare today. How We Do Harm is his well-reasoned manifesto for change.

"Dr. Brawley is a premier academic oncologist and a minority doctor in the nation's largest inner city hospital. "How We Do Harm" places in stark contrast the health care resources available to the rich and the poor, the insured and the uninsured, the white community and the community of color . He makes the cogent point that more testing, screening, and interventions available to the rich does not always mean better medical care ." --Bruce Chabner, MD, Director of Clinical Research, Massachusetts General Hospital Cancer Center"Otis Brawley is one of America's truly outstanding physician scientists. In How We Do Harm, he challenges all of us-- physicians, patients, and communities-- to

recommit ourselves to the pledge to 'do no harm.'" --David Satcher, Former Surgeon General of the United States,
Director, Satcher Health Leadership Institute, Morehouse School of Medicine"Sweeping, honest and brave . . . "How
We Do Harm" dazzles with a wealth of scientific insight, but its genius lies in the author's recounting of individual
patient stories that illuminate the dark underbelly of medicine's missteps. Brawley does not shrink from revealing
medicine's warts, butthis book offers much more. It is a triumph of humanity and clarity in which oncology becomes a
Rorschach for the practice of American medicine. You will finish this arresting book reluctantly, with a new
appreciation of what American medicine could be." --Harriet A .Washington, author of "Deadly Monopolies: The
Shocking Corporate Takeover of"My friend and colleague Otis Brawley has written a raw and honest portrayal of our
health care system. There are certain to be special interest organizations and medical groups that take issue with
Dr.Brawley's conclusions, but few can argue with the scientific rigor he has demonstrated in writing this book. Otis is
the go- to oncologist I send so many patients to see, because he is not only a great doctor, but also a compassionate
man. As we discuss the transformation of health care in this country, put Dr. Brawley's book at the top of your list." --
Sanjay Gupta, Associate Chief of Neurosurgery Grady Memorial Hospital, Chief Medical Correspondent, CNN"Otis
Brawley is one of America's truly outstanding physician scientists. In How We Do Harm, he challenges all of us--
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.Washington, author of "Deadly Monopolies: The Shocking Corporate Takeover of Life Itself and the Consequences
for Your Health and Our Medical Future "and" Medical Apartheid: The Dark History of Medical Experimentation on
Black Americans from Colonial Times to the Present" "Dr. Brawley is a premier academic oncologist and a minority
doctor in the nation's largest inner city hospital. "How We Do HarmAbout the AuthorDR. OTIS BRAWLEY is the
chief medical and scientific officer and executive vice president of the American Cancer Society. Dr. Brawley
currently serves as professor of hematology, oncology, medicine and epidemiology at Emory University. He is also a
CNN medical consultant. He is a graduate of the University of Chicago, Pritzker School of Medicine, and completed a
residency in internal medicine at University Hospitals of Cleveland, Case-Western Reserve University, and a
fellowship in medical oncology at the National Cancer Institute. PAUL GOLDBERG is an award-winning
investigative reporter who covers oncology for The Cancer Letter, a weekly publication focused on drug development
and the politics of cancer. His articles have appeared in The New York Times, The Wall Street Journal, The
Washington Post, The Washington Monthly and he has been featured on 60 Minutes, 20/20, CNN and NPR. Goldberg
is also the author of two books on the Soviet human rights movement.Excerpt. Reprinted by permission. All rights
reserved.Chapter 1Chief ComplaintSHE WALKS THROUGH the emergency-room doors sometime in the early
morning. In a plastic bag, she carries an object wrapped in a moist towel.She is not bleeding. She is not in shock. Her
vital signs are okay. There is no reason to think that she will collapse on the spot. Since she is not truly an emergency
patient, she is triaged to the back of the line, and other folks, those in immediate distress, get in for treatment ahead of
her. She waits on a gurney in a cavernous, green hallway.The chief complaint on her chart at Grady Memorial
Hospital, in downtown Atlanta, might have set off a wave of nausea at a hospital in a white suburb or almost any place
in the civilized world. It reads, My breast has fallen off. Can you reattach it?She waits for at least four hourslikely, five
or six. The triage nurse doesnt seek to determine the whereabouts of the breast.Obviously, the breast is in the bag.***I
am making rounds on the tenth floor when I get a page from Tammie Quest in the Emergency Department.At Grady,
we take care of patients who cant pay, patients no one wants. They come to us with their bleeding wounds, their run-
amok diabetes, their end-stage tumors, their drama. You deal with this wreckage for a while and you develop a coping
mechanism. You detach. Thats why many doctors, nurses, and social workers here come off as if they have departed
for a less turbulent planet.Tammie is not like that. She emotes, and I like having her as the queen of ERan experienced
black woman who gives a shit. When Dr. Quest pages me, I know it isnt because she needs a social interaction. It has
to be something serious.We are wanted in the ER, I tell my team.The cancer team today consists of a fellow, a
resident, two medical students, and yours truly, in a flowing white coat, as the attending physician. I lead the way
down the hall. Having grown up Catholic, I cant help thinking of the med students and young doctors as altar boys
following a priest.I am a medical oncologist, the kind of doctor who gives chemotherapy. My other interests are
epidemiology and biostatistics. I am someone you might ask whether a drug works, whether you should get a cancer
screening test, and whether a white mans cancer differs from a black mans cancer. You can also ask me if we are
winning the war on the cluster of diseases we call cancer. As chief medical officer of the American Cancer Societya
position I have held since 2007I often end up quoted in the newspapers, and I am on television a lot. In addition to my
academic, journalistic, and public-policy roles, I have been taking care of cancer patients at Grady for nearly a decade,
first as the founding director of the cancer center, and now as chief doctor at the ACS.My retinue behind me, I keep up

a fast pace, this side of a jog. Bill Bernstein, the fellow, is the most senior of the group. Bill is a Newton, Massachusetts, suburbanite, still boyish. He is having trouble adjusting to the South, to Atlanta, to its inner city. He is trying, but its hard to miss that black people and poor people perplex him. Contact with so much despair makes him awkward. But he has a good heart, a surfeit of common senseand he is smart. Whatever we teach him at Grady will make him a better doctor wherever he ends up.Grady suffers from what the administration here calls a vertical transportation problem. Our elevators are slow at best, broken at worst. We head for the stairs, rushing down to the first floor, then through long, green hallways into the ER.Grady is a monument to racism. Racism is built into it, as is poverty, as is despair. Shaped like a capital letter H, Grady is essentially two hospitals with a hallwaya crossoverin the middle to keep things separate but equal for sixteen stories.In the 1950s and 60s, white patients were wheeled into the front section, which faces the city. Blacks went to the back of the H. This structurebuilt in 1953was actually an improvement over the previous incarnation. The Big Hthe current Gradyreplaced two separate buildingsthe whites got a brick building, the blacks a run-down wood-frame structure. Older Atlantans continue to refer to the place in a chilling plural, the Gradys.You end up at Grady for four main reasons. It could happen because you have no insurance and are denied care at a private hospital, or because you are unconscious when you arrive by ambulance. When your lights are out, you are in no position to ask to be taken to a cleaner, better-lit, suburban palace of medicine. A third, small contingent are older black folks with insurance, who could go anywhere but have retained a dim memory of Grady as the only Atlanta hospital that accepted us. The fourth category, injured cops and firemen, know that we see a lot of shock and trauma and are good at it. We are their ER of choice.Today, our 950-bed behemoth stands for another form of segregation: poor versus rich, separate but with no pretense of equality. Grady is Atlantas safety-net hospital. It is also the largest hospital in the United States.The ER, arguably the principal entry point to Grady, was built in the center of the hospital, filling in some of the H on the first floor. To build it, Grady administrators got some federal funds in time for the 1996 Summer Olympics. This fueled financial machinations, which led to criminal charges, which led to prison terms. (In retrospect, the bulk of the money was put to good use. Many of the victims of the Olympic Park bombing came through our ER.)The hallways here are incredibly crowded, even by the standards of inner-city hospitals. Patients are triaged into three color-coded linessurgery, internal medicine, obstetricsand placed on gurneys two-deep, leaving almost no room for staff to squeeze through.You might see a homeless woman drifting in and out of consciousness next to a Georgia Tech student bloodied from being pistol-whipped in an armed robbery, next to a fifty-seven-year-old suburban secretary terrified by a sudden loss of vision, next to a twenty-eight-year-old hooker writhing in pain that shoots up from her lower abdomen, next to a conventioneer who blacked out briefly in a cylindrical tower of a downtown hotel, next to a fourteen-year-old slum dweller who struggles for breath as his asthma attack subsides.When I first arrived in Atlanta and all of this was new to me, I took my wife, Yolanda, through the Grady ER on a Friday night.Oh, the humanity, she said.Yolanda, a lawyer with the U.S. Securities and Exchange Commission, feels happier above the Mason-Dixon Line.***TAMMIE QuestI use her real nameis cute, has a broad, infectious smile, and comes from privilege. She grew up in Southern California and frequently refers to herself as a black Valley girl.Though she identifies with the West Coast, a lot of Atlanta has rubbed off on her in the Grady ER.No two ERs are alike. Ours tells the story of Atlanta more clearly, more poignantly than its skyline. Patients everywhere are scared of their wounds or diseases that rage inside them. Here, in the middle of this big, hot, loud, violent city, they have an added fear: they are terrified of each other, often with good cause.Elsewhere, patients might trust us doctors, admire us, even bow to our robes, our honorifics, and the all-caps abbreviations that follow our names. Here, not so much.A place called Tuskegee is about two hours away from here. Its where government doctors staged a medical experiment in the thirties: they watched black men die of syphilis, withholding treatment even after effective drugs were invented.Tuskegee is not an abstraction in these parts. Its a physical place, as palpable as a big, deep wound, and eighty-plus years dont mean a thing. Tuskegee is a huge, flashing CAUTION sign in the consciousness of Southern black folks. It explains why they dont trust doctors much and why good docs such as Tammie have to fight so hard to earn their elementary trust.Like me, Tammie is a member of the medical-school faculty at Emory University, and, like me, she has several academic interests. One of these interests is end-of-life care for cancer patients: controlling the symptoms when someone with advanced cancer shows up in your ER.Seeing us approach, she walks toward us and hands me a wooden clipboard with the Grady forms. I look at her face, gauging the mixture of sadness, moral outrage, and fatigue.She says something like This patient needs someone who cares, and disappears.I glance at the chief complaint.Holy shit, I say to Bill Bernstein and, more so, to myself.I introduce myself to a trim, middle-aged, black woman, not unattractive, wearing a blue examination gown conspicuously stamped GRADY. (At Grady, things such as gowns, infusion pumps, and money tend to vanish.)From the moment Tammie paged me, I knew that the situation had to be more than a run-of-the-mill emergency. This patient clearly is not about to die on the examination table. She doesnt need emergency treatment. Before anything, she needs somebody to talk to. She needs attention, both medical and human.The patient, Edna Riggs, is fifty-three. She works for the phone company and lives on the southeast side of Atlanta.Sitting on an exam table, she looks placid. When she extends her hand, it feels limp. She makes fleeting eye contact. This is depression, maybe. Shame does the same thing, as does a sense of doom. Fatalism is the word doctors have repurposed to describe this last form of alienation.In medicine, we speak a language of our own, and Ednas

physical problem has a name in doctorese: automastectomy. Its a fan...